

Absentee Ballot Application

**Instructions**

- Fill out and sign this application only if you will be unable to vote at the polls on election day due to: (1) absence from your city or town during the hours the polls are open; (2) physical disability preventing you from going to the polling place; or (3) religious belief.
- Sign the application at number 5.
- Deliver or mail this application (remember to attach postage) to the city or town clerk or election commission in the city or town where you cast your vote. This application *must* be received by *noon on the day before the election*. If the applicant has entered a health care facility anytime after twelve o'clock noon of the 5th day before the relevant primary or election, contact the city or town clerk about the proper procedure to be followed.
- The ballot will be mailed to you. You can then mail the ballot back to the city or town clerk or you (or a family member) may deliver the ballot in person to the city or town clerk.
- Instead of having the ballot mailed to you, you have the option of voting at your city or town hall at a time arranged with the clerk or election commission. However, you must still submit a timely application.

Warning: Illegal absentee voting, including making a false application, is punishable by a fine of up to \$500 and up to one year in prison.

1 This absentee ballot application is being made for:

☐ a primary ☐ a preliminary election ☐ an election ☐ all elections this year

2 If this application is for a *primary*, the ballot requested is for the:

☐ Democratic Party ☐ Republican Party ☐ Reform Party

3 Your legal voting residence:

_____ street and number, apt. number city or town ward/precinct (if known)

Check only if true: ☐ I am living outside the United States and the above address is my last residence in the U.S.

4 Complete and check *only one* of the following:

☐ Mail ballot to me at this address:

_____ street & number p.o. box, if any city or town state or country zip code

☐ I will call the town clerk or city clerk or election commission and vote there at a time arranged with the clerk or election commission.

☐ I have been admitted to the _____, a hospital or other health care facility after twelve o'clock noon of the 5th day before the primary/election and I request that my absentee ballot be delivered to me by an election official or: _____
name of a person designated by voter

5 Sign your name here:

_____ signature (signed under penalty of perjury)

_____ date

Print your name here: _____

6 Only to be completed by any person assisting applicant. If the applicant is unable to complete and sign this application because of blindness, physical disability, inability to read or the inability to read English, a family member may do so. Complete and sign the following:

I assisted in completing this application since the applicant was unable to do so because of: _____
reason

_____ signature of assisting person (signed under penalty of perjury)

_____ printed name of assisting person

_____ street and number

_____ city or town

_____ zip code

Place
First Class
Stamp Here

We, a majority of the Registrars of Voters, certify to the best of our knowledge that that the signature on the reverse appears to be genuine and that we believe this appicant is a registered voter, or otherwise eligible to vote, in

Ward Precinct

Return to City or Town Clerk or Election Commission. Fold along dotted line and close with tape for mailing.

name

number and street

_____, MA

city or town zip code

Place
First Class
Stamp Here

City or Town Clerk or Election Commission

City or Town Hall

_____, MA

YOUR CITY OR TOWN ZIP CODE FOR CITY OR TOWN HALL